

1456

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO.

BIRTH NO.

54 OF DEATH 19 RESIDENCE 5	1. PLACE OF DEATH A. COUNTY Gila		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE Arizona. B. COUNTY Gila	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Globe		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Globe	
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 193-South 4th St.		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 193 South 4th St.	
	C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 35 yrs. 35 yrs.			
IDENT SONAL ATA/63 7 249	3. NAME OF DECEASED (TYPE OR PRINT) Jesse M. Gibson		4. SEX male	5. COLOR OR RACE white
	6. MARRIED - - - - - NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH DAY YEAR 2 13 86	
	8. AGE YEARS MONTHS DAYS 63 0 10		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). mens clothing store	
	9B. KIND OF BUSINESS OR INDUSTRY merchant		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Kentucky	
CAUSE OF DEATH EM 18)	11. CITIZEN OF WHAT COUNTRY? U. S. A.		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) no	
	13. SOCIAL SECURITY NO. none		14A. FATHER'S NAME 222 Claiborne Gibson	
	14B. BIRTHPLACE (STATE OR COUNTRY) unknown		15A. MOTHER'S MAIDEN NAME Liza Jane Froese	
	15B. BIRTHPLACE (STATE OR COUNTRY) unknown		16. INFORMANT'S SIGNATURE Mrs. J. M. Gibson	
ACTIONS, TOPSY EATH JE TO ERNAL ENCE	17. DATE OF DEATH (MONTH) (DAY) (YEAR) Feb. 23, 1949		18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTIONS.	
	19. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	
MEDICAL ORNER'S FICATION	21C. (CITY OR TOWN) (COUNTY) (STATE) Globe Arizona		21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MINUTE) (SECOND) Feb. 23, 1949, 3:35 a.m.	
	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Feb. 23, 1949</u> TO <u>Feb. 23, 1949</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>Feb. 23, 1949</u> AND THAT DEATH OCCURRED AT <u>3:35 a.m.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23A. SIGNATURE Walter M. O'Brien M.D.	
	23B. ADDRESS Globe Arizona		23C. DATE SIGNED 2.23.49	
GENERAL ECTOR AND ISTRAR	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE 2/26/49	
	24C. NAME OF CEMETERY OR CREMATORY Globe Cemetery		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Globe, Arizona	
	25A. DATE REC'D BY LOCAL REG. Feb. 24-49		25B. REGISTRAR'S SIGNATURE Gene W. Havelle	
	25C. FUNERAL DIRECTOR'S SIGNATURE Frank B. Havelle		25D. ADDRESS 328 S. Hill St. Globe, Arizona	